

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 119

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) David Rains Mailing Address 1319 Park Lane City State Zip Code Gastonia NC 28052 FEC ID number of contributing federal political committee. C Name of Employer Transamerica Reinsurance Occupation Management Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 29 / 2006 Transaction ID: 60412.C3897 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Vincent Randazzo Mailing Address 5022 Kimblewyck Ln City State Zip Code Charlotte NC 28226-6464 FEC ID number of contributing federal political committee. C Name of Employer Wachovia Occupation Executive Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 20 / 2006 Transaction ID: 60412.C3767 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Garry Roark Mailing Address 164 Brook Hill Ct City State Zip Code Elkin NC 28621-8446 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt MM / DD / YYYY 03 / 20 / 2006 Transaction ID: 60412.C3739 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		1500.00
TOTAL This Period (last page this line number only) ▶		